

08-01-2007 08:37 From-

T-887 P.001/012 F-151

**PASSAIC VALLEY SEWERAGE COMMISSIONERS
APPLICATION FOR A SEWER USE PERMIT**

SECTION A

FACILITY
973-256
7888

depstein@
kariont.com

1. Company Name: PERK-UP INC
2. Permit Number if applicable: N/A
3. Location: 690 Union Blvd
Hotowa NS Zip Code: 07512
4. Mailing Address: 399 Knollwood RD Suite 309
White Plains NY Zip Code: 10603
5. Person to contact concerning information provided in this application:
Name of Contact Official: DAVID EPSTEIN
Title: VP Phone No.: (914) 580-3200
Address: 399 K Zip code: _____
6. Number of Employees - Full Time: 115 Part Time: _____
Number of Work Days Per Year: _____
Number of Shifts Per Day: Three (3)
7. If property is owned indicate block and lot number(s): 179-1

Assessed Value: 6,564,900

8. If property is rented indicate name and address of owner: N/A

Total square feet rented: N/A

9. List NJPDES Permit Number if applicable, N/A and
Name of receiving Body of Water entered _____

MANNY Flores x 268

✓ Rec. 9/4/07
PAID SUA Fee.

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SECTION B

WATER DATA

10. Water Source: (Circle all appropriate answers)

Purchased

☒ Y ☐ N

Well

Y - N

If Y, is it metered

Y - N

River

Y - N

If Y, is it metered

Y - N

11. Name of purchased water supplier: BoRo of Totowa water Department.List all Account #'s: Block 179 Lot 1

Acct - 1 179-1-1

Acct - 2 179-1-2

12. Water Received: From Mo. 1 Yr. 06 Through Mo. 1 Yr. 07

(* Next to a figure means it is estimated).

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 st Qtr.	2,006,000			
2 nd Qtr.	2,006,000			
3 rd Qtr.	2,006,000			
4 th Qtr.	2,006,000			

GRAND TOTAL 8,024,000 7,813,000

Report in gallons

13. Water Use and Disposition (*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only	24,000	0	
Process waste water	100,000*	0	
Cooling water	0	0	
Evaporation			0
Contained in the product			7,900,000*
Other (describe)			

GRAND TOTAL 8,024,000

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SECTION B (continued)

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer

Y - N

To the Combined Sewer

Y - N

To the Storm Sewer

Y - N

River or Ditch

Y - N15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility. NONE

Contractor	Address	ICC #	Waste type handled

SECTION COPERATIONAL CHARACTERISTICS16. Discharge of Industrial Waste is continuous _____
or intermittent Twice (2) each operating day.If the discharge is intermittent, it occurs between the following hours: 7:00am - 7:00pm17. Brief description of Manufacturing or other activity performed: Food Service ItemsList SIC CODE #: 20918. Principal Raw Materials used: Water, Vinegar19. Principal Products or Services: MISC Food Preparation Sauces

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20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc.

Include variations in product lines which affect waste characteristics: _____

NONE

Does this facility shutdown for vacation(s)? NO If so, is it basically the same time each year. _____ Provide dates usually shutdown _____

SECTION D

MONITORING

21. Describe any pretreatment process or effluent monitoring system in use:

Outlet 1 PH Control

Outlet 1 PH Adjustment

Outlet 1 PH Chart Recording

22. Sampling information:

<u>Outlet</u>	<u>Contains Industrial Waste</u>	<u>Sampler Type</u>	<u>Refrigerated</u>
<u>1</u>	<u>N</u>	<u>NONE</u>	<u>N</u>

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SECTION D (continued)

23. Volume Information:

<u>Outlet</u>	<u>Daily Flow (Gallons)</u>	<u>Metered (Y - N)</u>	<u>Type</u>	<u>Date</u>
1	2,000	✓		

24. Frequency of calibration of each flow meter: N/A

25. Attach plot plan of the property showing:

- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
- (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
- (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

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SECTION E**ANALYSIS OF INDUSTRIAL WASTE**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. _____

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l		Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l	
Parameter	Value	Parameter	Value
*Radioactivity (PL-1)		*Antimony (Sb)	
✓ Total Solids	SEE E20,386	*Arsenic (As)	
*Volatile Solids		*Boron (B)	
4540 mg/l Total Suspended Solids	ATTACHED	✓ Cadmium (Cd)	
*Volatile Suspended Solids		*Chromium Total (Cr)	
(3) SGT-HEM (EPA Method 1664 Rev. A)	49.6	✓ Copper (Cu)	0.386
Biochemical Oxygen Demand (BOD)	6301 mg/l	*Iron (Fe)	
✓ Chemical Oxygen Demand (COD)	10,075	✓ Lead (Pb)	<0.05
*Total Organic Carbon (TOC)		*Cyanide (Cn)(3)	
		✓ Mercury (Report to 0.XXX)	0.0008
		✓ Nickel (Ni)	<0.10
		*Selenium (Se)	
pH(standard unit range)	4.55	*Silver (Ag)	
(1) Ammonia as N	1.56	*Tin (Sn)	
(1)(3) Total Oil & Grease	269	✓ Zinc (Zn)	0.429
* (1) Sulfide		*Phenol	
* (1) Ortho Phosphates as P		*Pesticides (Report to 0.XXX)	
* (1) Kjeldahl N as N			
* (2)(3) TTO (Report to 0.XXX)		*TTVO (Report to 0.XXX)(3)	

FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.
(*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
- (2) See instructions.
- (3) Grab sample required

Rev: 1/87
8/89
7/90
9/94
8/95
11/95
07/98
09/05

NJDEP Certified Laboratory No. 14964
 973-335-CALI
 FAX 973-335-0556
 E-MAIL: calilabs@earthlink.net
 WEBSITE: www.calilabs.com

COMPLETE ANALYSIS LABORATORIES INC.



MR. PETER RODRIGUEZ
 KARI OUT COMPANY
 690 UNION BLVD
 TOTOWA, NJ 07512

1259 Route 46, Building #4/C
 Parsippany, NJ 07054-4909

ANALYSIS REPORT

REPORT DATE: AUG. 27, 2007
 PROJECT NO: 713083
 Lab. I.D.: 713083.1
 Field I.D.: KOC-0821

SAMPLE: Liquid, sampled by CALI on 8/21/07

Parameter (Unit)	Method Number	Result (mg/L)	Analysis Date Time	RLs (mg/L)	DF
BOD ₅	405.1	6301	8/22/07 8:00	2.0	50
TS	160.3	20386	8/22/07 8:00	4.0	1
VS	160.4	18062	8/22/07 8:00	4.0	1
TSS	160.2	4540	8/22/07 8:00	4.0	1
VSS	160.4	4530	8/22/07 8:00	4.0	1
HEM (SGT)	1664A	49.6	8/21/07 14:30	1.4	1
O&G (HEM)	1664A	269	8/21/07 14:30	1.4	1
COD	410.4	10075	8/21/07 148:00	40	25
pH	150.1	4.55	8/21/07 12:35	---	1
Ammonia (as nitrogen)	350.3	1.56	8/23/07 8:45	0.1	1
O-Phosphate (as P)	365.2	3.72	8/23/07 9:30	0.01	1

Definitions:

pH Unit, J= Compound Detected but Below MDL, RLs= Laboratory Reporting Limits,
 MDL= Method Detection Limit, DF= Dilution Factor, ND = Not Detected

Approved By:

Zvi Blank, Ph.D., CHMM
 Laboratory Director

The Standard of Excellence in Laboratory Service

MR. PETER RODRIGUEZ
KARI OUT COMPANY
690 UNION BLVD
TOTOWA, NJ 07512

ANALYSIS REPORT

REPORT DATE: AUG. 30, 2007
PROJECT NO: 713083
Lab. I.D.: 713083.1
Field I.D.: KOC-0821


SAMPLE: Liquid, sampled by CALI on 8/21/07

Analysis	Method Number	Results (mg/L)	Analysis Date Time	RLs (mg/L)
COPPER	200.7	0.386	8/27/07 13:08	0.03
IRON	200.7	5.51	8/27/07 13:08	0.25
NICKEL	200.7	ND(<0.1)	8/27/07 13:08	0.1
LEAD	200.7	ND(<0.05)	8/27/07 13:08	0.05
ZINC	200.7	0.429	8/27/07 13:08	0.05
MERCURY	245.1	0.0008	8/24/07 12:41	0.0004
TKN	351.2	149	8/28/07 18:30	48.0
TOC	SM 20 th Ed 5310C	11600	8/29/07 14:50	1000
TOTAL SULFIDE AS S	SM 20 th Ed 4500S D	0.275	8/24/07 18:30	0.25

Definitions:

pH Unit, J= Compound Detected but Below MDL, RLs= Laboratory Reporting Limits,
MDL= Method Detection Limit, DF= Dilution Factor, ND = Not Detected

Submitted By:



Zvi Blank, Ph.D., CHMM
Laboratory Director



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SECTION E (continued)

Samples collected by: Complete Analysis Laboratories INC
NS DEP # 14964 Date: 8/7/07
Sample analyzed by: Complete Analysis Laboratories Date: 8/7/07
Products being manufactured when sample was collected: SOY SAUCE / DUCK SAUCE

27. Who performs the analyses of the samples for User Charge? _____
Complete Analysis Laboratories INC
NS DEP # 14964

28. Is the Laboratory certified by NJDEP to conduct all the analyses? ☒ Y - N _____

Complete Analysis Laboratories INC NS DEP # 14964

29. Who performs the analyses of the samples for the Pretreatment Parameters?

Complete Analysis Laboratories INC NS DEP # 14964

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:

Complete Analysis Laboratories INC NS DEP # 14964

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

☒ Y - N _____

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 & 3 is present in your discharge.

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SECTION FPRETREATMENT

32. Industrial Category: Sector U
Subpart (s): 2091
33. Compliance date(s): 8/30/07
34. Is facility in compliance? Yes If not, and if compliance date has passed, explain actions being taken to get into compliance: _____
35. Date Baseline Monitoring Report (BMR) submitted to PVSC: 8/30/07
36. Compliance schedule submitted: Yes
If yes is facility on schedule? Yes Explain if compliance date will not be met: _____
37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?
If yes, describe NO
38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?
If yes, describe Retention curb around LIQUID Bottling and holding
areas capable of Withholding several thousand gallons of LIQUID
39. Has NJDEP or EPA ever cited this facility for a violation of State or Federal Regulations for the nature of its wastewater discharge? Y - N NO
40. Is this facility under an ISRA Clean up? NO If so, has a plan been approved by NJDEP: _____

Is there any plan to discharge groundwater?

NO

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CERTIFICATION*:

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official:

DAVID EPSTEIN

Print Name

TITLE:

VICE President

DATE

August 8/30/ 2007

SIGNATURE

David Epstein

*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

TABLE 1 EPA PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
Acenaphthene				✓	2,4 dimethylphenol				✓
acrolein				✓	2,4 dinitrotoluene				✓
acrylonitrile				✓	2,6 dinitrotoluene				✓
benzene				✓	1,2 diphenylhydrazine				✓
benzidine				✓	ethylbenzene				✓
carbon tetrachloride (tetrachloromethane)				✓	fluoranthene				✓
chlorobenzene				✓	4-chlorophenyl phenyl ether				✓
1,2,4-trichlorobenzene				✓	4-bromophenyl phenyl ether				✓
hexachlorobenzene				✓	bis(2-chloroisopropyl) ether				✓
1,2 dichloroethane				✓	bis(2-chloroethoxy) methane				✓
1,1,1 trichloroethane				✓	methylene chloride(dichloromethane)				✓
hexachloroethane				✓	methyl chloride (chloromethane)				✓
1,1,dichloroethane				✓	methyl bromide (bromomethane)				✓
1,1,2 trichloroethane				✓	bromoform(tribromomethane)				✓
1,1,2,2 tetrachloroethane				✓	dichlorobromomethane				✓
chloroethane				✓	trichlorofluoromethane				✓
bis(chloromethyl) ether				✓	dichlorodifluoromethane				✓
Bis(2 chloroethyl) ether				✓	chlorodibromomethane				✓
2-chloroethyl vinyl ether mixed				✓	hexachlorobutadiene				✓
2-chloronaphthalene				✓	hexachlorocyclopentadiene				✓
2,4,6, trichlorophenol				✓	isophorone				✓
parachlorometa cresol				✓	naphthalene				✓
Chloroform (trichloromethane)				✓	nitrobenzene				✓
2 chlorophenol				✓	2-nitrophenol				✓
1,2, dichlorobenzene				✓	4-nitrophenol				✓
1,3, dichlorobenzene				✓	2,4-dinitrophenol				✓
1,4, dichlorobenzene				✓	4,6 dinitro-o cresol				✓
3,3, dichlorobenzidine				✓	N-nitrosodimethylamine				✓
1,1,dichloroethylene				✓	N-nitrosodiphenylamine				✓
1,2 trans-dichloroethylene				✓	N-nitrosodi-n-propylamine				✓
2,4,dichlorophenol				✓	pentachlorophenol				✓
1,2, dichloropropane				✓	phenol				✓
1,3, dichloropropylene				✓					
(1,3 dichloro propene)				✓					

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

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TABLE 1 EPA PRIORITY POLLUTANTS (continued)**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate				✓	endrin				✓
butylbenzylphthalate				✓	endrin aldehyde				✓
di-n-butylphthalate				✓	heptachlor				✓
di-n-octylphthalate				✓	heptachlor (epoxide)				✓
diethylphthalate				✓	BHC Alpha				✓
dimethylphthalate				✓	BHC Beta				✓
benzo(a)anthracene				✓	BHC Gamma				✓
benzo(a)pyrene				✓	BHC Delta				✓
3,4 benzofluoranthene				✓	PCB1242				✓
benzo(k) fluoranthene				✓	PCB1254				✓
chrysene				✓	PCB1221				✓
acenaphthylene				✓	PCB1232				✓
anthracene				✓	PCB1248				✓
benzo(ghi)perylene				✓	PCB1260				✓
fluorene				✓	PCB1016				✓
phenanthrene				✓	toxaphene				✓
dibenzo (a,h) anthracene				✓	antimony (total)				✓
indeno (1,2,3-c,d) pyrene				✓	arsenic (total)				✓
pyrene				✓	asbestos (fibrous)				✓
tetrachloroethylene				✓	beryllium (total)				✓
toluene				✓	cadmium (total)				✓
trichloroethylene				✓	chromium (total)				✓
vinyl chloride				✓	copper (total)				✓
aldrin				✓	cyanide (total)				✓
dieldrin				✓	lead (total)				✓
chlordane				✓	mercury (total)				✓
4,4 DDT				✓	nickel (total)				✓
4,4, DDE				✓	selenium (total)				✓
4,4, DDD				✓	silver (total)				✓
endosulfan I				✓	thallium (total)				✓
endosulfan II				✓	zinc (total)				✓
endosulfan sulfate				✓	2,3,7,8, tetrachlorodibenzo				✓
				✓	p-dioxin				✓

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

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TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acrylamide				✓	n,n-dimethyl aniline				✓
amitrole				✓	3,3-dimethyl benzidine				✓
aryl alcohols				✓	1,1-dimethylhydrazine				✓
aniline hydrochloride				✓	dioxane				✓
anisole				✓	diphenylamine				✓
auramine				✓	ethylenimine				✓
benzotrichloride				✓	hydrazine				✓
benzylamine				✓	4,4-methylene bis				✓
				✓	(2-chloraniline)				✓
o-chloroaniline				✓	4,4-methylenedianiline				✓
m-chloroaniline				✓	methyl isobutyl ketone				✓
p-chloroaniline				✓	alpha-naphthylamine				✓
1-chloro-2-nitrobenzene				✓	beta-naphthylamine				✓
1-chloro-4-nitrobenzene				✓	n-methylaniline				✓
chloroprene				✓	1,2-phenylenediamine				✓
chrysoidine				✓	1,3-phenylenediamine				✓
cumene				✓	1,4-phenylenediamine				✓
2,3-dichloroaniline				✓	sudan 1 (solvent yellow 14)				✓
2,4-dichloroaniline				✓	thiourea				✓
2,5-dichloroaniline				✓	toluene sulfonic acids				✓
3,4-dichloroaniline				✓	toluidines				✓
3,5-dichloroaniline				✓	xyldines				✓
1,3-dichloropropene				✓					✓
1,3-dimethoxybenzidine				✓					✓

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acetaldehyde				✓	isopropanolamine				✓
allyl alcohol				✓	kelthane				✓
allyl chloride				✓	kepone				✓
amyl acetate				✓	malathion				✓
aniline				✓	mercaptodimethur				✓
benzonitrile				✓	methoxychlor				✓
benzyl chloride				✓	methyl mercaptan				✓
butyl acetate				✓	methyl methacrylate				✓
butylamine				✓	methly parathion				✓
captan				✓	mevinphos				✓
carbaryl				✓	mexacarbate				✓
carbofuran				✓	monoethylamine				✓
carbon disulfide				✓	monomethylamine				✓
chlorpyrifos				✓	naled				✓
coumaphos				✓	napthenic acid				✓
cresol				✓	nitrotoluene				✓
crotonaldehyde				✓	parathion				✓
cyclohexane				✓	phenolsulfanate				✓
2,4-D (2,4-dichlorophenoxy)				✓	phosgene				✓
acetic acid				✓	propagrite				✓
diazinon				✓	propylene oxide				✓
dicamba				✓	pyrethrins				✓
dichlobenil				✓	quinoline				✓
dichlone				✓	resorcinol				✓
2,2-dichloropropionic acid				✓	strontium				✓
dichlorvos				✓	strychnine				✓
diethylamine				✓	styrene				✓
dimethylamine				✓	2,4,5-T (2,4,5-trichloro- phenoxy acetic acid)				✓
dinitrobenzene				✓	TDE (tetrachloro- diphenylethane)				✓
diquat				✓	2,4,5-TP 2(2,4,5- trichlorophenoxy				✓
disulfoton				✓	trichlorofon				✓
diuron				✓	triethylamine				✓
epichlorohydrin				✓	trimethylamine				✓
				✓	propanoic acid				✓

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

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TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)**CHECK APPROPRIATE BOX**

<u>NAME</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
ethanolamine				✓	uranium				✓
ethion				✓	vanadium				✓
ethylene diamine				✓	vinyl acetate				✓
ethylene dibromide				✓	xylene				✓
formaldehyde				✓	xlenol				✓
furfural				✓	zirconium				✓
guthion				✓					
isoprene				✓					

- A. KNOWN TO BE PRESENT
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 D. SUSPECT TO BE ABSENT

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SUPPLEMENTAL SEWER USE APPLICATION QUESTIONNAIRE

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name and address of the applicant and all individuals and entities owning 10% or more of the applicant. This will assist the PVSC by providing necessary information for service of notices, bills and other documents upon the applicant, for service of process as well as the individual to be contacted in the event of an emergency.

BY SIGNING THIS APPLICATION THE APPLICANT IS ACKNOWLEDGING ITS CONTINUING OBLIGATION TO UPDATE THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE. SPECIFICALLY THE APPLICANT UNDERSTANDS THAT IT SHALL NOTIFY THE PVSC WITHIN THIRTY (30) DAYS OF ITS ENTERING INTO A CONTRACT OR AGREEMENT TO TRANSFER ITS CAPITAL STOCK AND/OR 50% OR MORE OF ITS ASSETS. THE APPLICANT SHALL LIKEWISE INFORM THE PVSC, ON A CONTINUING BASIS, OF ALL INDIVIDUALS OR ENTITIES OWNING 10% OR MORE OF THE CAPITAL STOCK OR ASSETS OF THE CORPORATION AND ANY INDIVIDUAL OR ENTITY ENTITLED TO RECEIVE MORE THAN 10% OF THE NET PROFITS OF THE APPLICANT.

FAILURE TO NOTIFY THE PVSC OF ANY CHANGES IN THE CORPORATE STRUCTURE, OWNERSHIP OR PLANNED TRANSFER OF OWNERSHIP WITHIN 15 DAYS OF ITS OCCURRENCE SHALL BE DEEMED A VIOLATION OF THE SEWER USE PERMIT, THE RULES AND REGULATIONS OF THE PVSC AND N.J.S.A. 58:14-1 et. seq.

SECTION ONE

(To be completed by all applicants)

NAME OF APPLICANT: State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, trust or other official document which establishes the name of the applicant (if no such document exists, state the name the business uses):

Perk-UP Inc

Name of Applicant

TRADE NAME: Identify all trade names, names under which the applicant will be doing or soliciting business and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

KAZI-OUT

Trade Name/Fictitious Name

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BUSINESS ORGANIZATION: Please check the appropriate box:

- | | | | |
|-------------------------------------|---------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Sole Proprietorship | <input type="checkbox"/> | Trust |
| <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Joint Venture |
| <input type="checkbox"/> | Limited Partnership | <input type="checkbox"/> | Non-Profit Corporation |
| <input checked="" type="checkbox"/> | Corporation | <input type="checkbox"/> | Limited Liability Company |
| <input type="checkbox"/> | Other (describe) | | |

EMERGENCY CONTACT PERSON: In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: DAVID ERSTEIN c/o Perk-Up Inc
 Street Address: 399 KNOXWOOD RD suite 309
 City, State & Zip Code: White Plains NY 10603
 Business Telephone: 914 5803200 Emergency Telephone: 914 649 6201

PAST NAMES OF APPLICANT. List all names under which the applicant has done business or held itself out to the public as doing business in the past. Include names of division, and "trading as," "doing business as," fictitious, or informal name.

<u>Name</u>	<u>From (Year)</u>	<u>To (Year)</u>
N/A		

APPLICANT'S FORMER FACILITIES IN NEW JERSEY. List all locations, including office, in the State of New Jersey at which the applicant formerly operated any aspect of its business, and any location at which such a business was owned or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 10% or more of the applicant's equity.

<u>Address</u>	<u>Type of Facility</u>	<u>From To (years)</u>	<u>NJDEP regis. No. and or USEPA I.D.</u>
N/A			

08-01-2007 08:46 From-

T-887 P.005/015 F-152

APPLICANT'S FACILITIES IN OTHER JURISDICTIONS. List all locations in any state, including offices, districts or territory of the United States other than New Jersey, or in any foreign country, at which the applicant is currently operating any aspect of its business.

<u>Address</u>	<u>Telephone</u>	<u>Type of facility</u>	<u>USEPA I.D. and/or any permits (nos. and name of issuing agency)</u>
15204 SPRING AVE SANTA FE SPRINGS, CA 90670	562-407-5588	Distribution	N/A

SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

REGISTERED AGENT: Identify the name and address of the Corporation's Registered Agent:

Name: ANTHONY SARTORI ESQ.

Company Name:

Street Address: 1020 Mc Bride Avenue

City, State & Zip Code: West Paterson, NJ 07424

Telephone: 973-956-9595
(Area Code)

DATE AND PLACE OF INCORPORATION/FORMATION: Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State/Country: Attached

Date:

Certificate of Incorporation No.: F0209100 00660

Copy of certificate of incorporation attached? ☒ Yes ☐ No

DATE AUTHORIZED IN NEW JERSEY: If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: 11/13/02

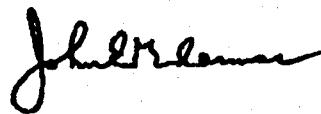
STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
CERTIFICATE OF AUTHORITY

PERK-UP, INC.

0100891935

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
Foreign Profit Corporation organized under
the laws of New York, has complied with all
the requirements of Title 14A of the New
Jersey Statutes, and that the business or
activity of said Foreign Profit Corporation
to be carried on within the State of New Jersey
is such as may be lawfully carried on by a
Foreign Profit Corporation filed under the
laws of this State for similar business or activity.
The Certificate of Authority was duly filed
November 12th, 2002.*

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
13th day of November, 2002



John E McCormac, CPA
State Treasurer

*New Jersey Department of State
Division of Commercial Recording
Application for Certificate of Authority
(For Use by Foreign Profit and Nonprofit Corporations)*

FILED

NOV 12 2002

Check Appropriate Statute:

- ☒ NJSA 14A:13-4 New Jersey Profit Corporation Act (File in Duplicate)
☒ NJSA 15A:13-4 New Jersey Nonprofit Corporation Act (File in Triplicate)

Pursuant to the provisions of the appropriate Statute, checked above, of the New Jersey Statutes, the undersigned corporation hereby applies for the Authority to conduct business/activities in New Jersey and for that purpose certifies to the following:

1. Name of Corporation: PERK-UP, Inc.
2. Incorporated under the laws of: New York
3. Date of Foreign Incorporation: January 8, 1964
4. The address of its main office or headquarters is:
399 Knollwood Road (Street and postal designation)

(City)
White Plains

(State)
NY

(Zip)
10603
5. The name and address of its Registered Agent in New Jersey is:
 (Agent's Name)
National Corporate Research, Ltd.
 (Street and postal designation)
14 Scenic Drive

(City)
Dayton

(State)
New Jersey

(Zip)
08810

Said Registered Agent is an agent of the corporation upon whom process against the corporation may be served.

6. The period of its duration is: Perpetual
7. The business/activities which the corporation is authorized to conduct in New Jersey, and which it is authorized to conduct in its home jurisdiction are:

To engage in any lawful act or activity for which corporations may be organized under the laws of New Jersey.

Note: Attach a Good Standing Certificate from the home state dated no more than 30 days prior to filing in N.J.

Signature: [Signature]

Title: President
 (Must be Chairperson of the Board, President, or Vice President)

Date: 11/06/02

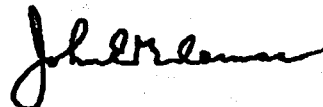
0100891935

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
FILING CERTIFICATION (CERTIFIED COPY)

PERK-UP, INC.

*I, the Treasurer of the State of New Jersey,
do hereby certify, that the above named business
did file and record in this department the below
listed document(s) and that the foregoing is a
true copy of the
CERTIFICATE OF
FOREIGN AUTHORITY
FILED IN THIS OFFICE ON
NOVEMBER 12TH, 2002
as the same is taken from and compared with the
original(s) filed in this office on the date set
forth on each instrument and now remaining on file
and of record in my office.*

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
13th day of November, 2002



John E McCormac, CPA
State Treasurer

F020910000660

CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF
PERK-UP, INC.

UNDER SECTION 805 OF THE BUSINESS CORPORATION LAW

ACR-41
DRAWDOWN

1CC
STATE OF NEW YORK
DEPARTMENT OF STATE
FILED SEP. 10 2002
TAXS BY: fac
West

Filed by:
Akabas & Cohen
488 Madison Avenue, Suite 1120
New York, NY 10022
SEP 9 PM 3:08

RECEIVED

2

675

F020910000660

CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF
PERK-UP, INC.

UNDER SECTION 805 OF THE BUSINESS CORPORATION LAW

Pursuant to the provisions of the Section 805 of the New York Business Corporation Law, the undersigned hereby certifies and sets forth as follows:

FIRST: The name of the corporation is **PERK-UP, INC.**

SECOND: The Certificate of Incorporation was filed by the Department of State on January 8, 1964, under the name R & H STAR PRODUCTS, INC.

THIRD: The Certificate of Incorporation is amended to change the number of shares the corporation is authorized to issue. Currently the corporation is authorized to issue 200 no par value shares, of which all are issued and none are unissued. Following the change, the corporation will be authorized to issue 200,000 shares at \$0.01 par value, of which 200 will be issued and 199,800 will be unissued. The currently issued shares will be exchanged on a one to one basis with the shares to be issued after the change. To effect such change, Paragraph Fourth is amended to read:

FOURTH: The aggregate number of shares which this corporation shall have the authority to issue is 200,000 common shares with a par value of \$0.01.

The amendment to the Certificate of Incorporation was authorized by resolution by the Directors of the Corporation and by Unanimous Written Consent of the Stockholders of the Corporation, each dated December 31, 1998, in accordance with the provisions of Section 803 of the Business Corporation Law of the State of New York.

IN WITNESS WHEREOF, I hereunto sign my name and affirm that the statements made herein are true under penalties of perjury this 1st day of January, 1999.

s/ Howard Epstein
Howard Epstein
President and Chairman of
the Board of Directors

F020910000660

CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF
PERK-UP, INC.

UNDER SECTION 805 OF THE BUSINESS CORPORATION LAW

Pursuant to the provisions of the Section 805 of the New York Business Corporation Law, the undersigned hereby certifies and sets forth as follows:

FIRST: The name of the corporation is **PERK-UP, INC.**

SECOND: The Certificate of Incorporation was filed by the Department of State on January 8, 1964, under the name R & H STAR PRODUCTS, INC.

THIRD: The Certificate of Incorporation is amended to change the number of shares the corporation is authorized to issue. Currently the corporation is authorized to issue 200 no-par value shares, of which all are issued and none are unissued. Following the change, the corporation will be authorized to issue 200,000 shares at \$0.01 par value, of which 200 will be issued and 199,800 will be unissued. The currently issued shares will be exchanged on a one to one basis with the shares to be issued after the change. To effect such change, Paragraph Fourth is amended to read:

FOURTH: The aggregate number of shares which this corporation shall have the authority to issue is 200,000 common shares with a par value of \$0.01.

The amendment to the Certificate of Incorporation was authorized by resolution by the Directors of the Corporation and by Unanimous Written Consent of the Stockholders of the Corporation, each dated December 31, 1998, in accordance with the provisions of Section 803 of the Business Corporation Law of the State of New York.

IN WITNESS WHEREOF, I hereunto sign my name and affirm that the statements made herein are true under penalties of perjury this 1st day of January, 1999.

s. Howard Epstein
Howard Epstein
President and Chairman of
the Board of Directors

CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF INCORPORATION
OF
R & H STAR PRODUCTS, INC.

Under Section 805 of the Business Corporation Law

STATE OF NEW YORK
DEPARTMENT OF STATE

FILED AUG 5 1965

TAX : None

FILING FEE : 30-

John P. Lanning
Secretary of State

BY M.H.

60 - Westchester

511418 - 4

LAW OFFICES
BRODER & FEINBERG
341 MADISON AVENUE, NEW YORK, N. Y. 10017

4

11-8/64
Yonkers
Westchester
414758

9-15
Herbert D. Feinberg
72-41-1-8
1-1-17
OK new name
8/5/65

CERTIFICATE OF CHANGE OF

PERK-UP, INC.

INFO.
6465975

Under 805-A of The Business Corporation Law, The undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of New York:

1. The name of the corporation is Perk-Up, Inc. The former name of the corporation was R & H Star Products, Inc.

2. The certificate of incorporation was filed by the Department of State on January 8, 1964.

3. The changes effected hereby are as follows:

a) Article Fifth of the original certificate of incorporation is hereby amended to read:

"The Secretary of State is designated as the agent of the corporation upon whom process against the corporation may be served and the address to which the Secretary of State shall mail a copy of any process against the corporation served upon him is Herbert D. Feinberg, 7 East 42nd Street, New York 17, New York," is hereby amended to read the The Secretary of State is designated as the agent of the corporation upon whom process against the corporation may be served and the address to which the Secretary of State shall mail a copy of any process against the corporation served him is: Howard Epstein, 54 Greenacres Avenue, Scarsdale, New York 10583.

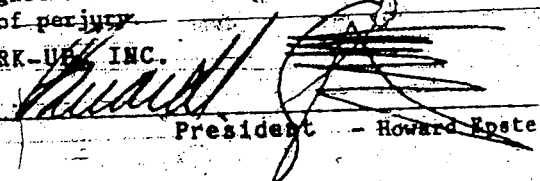
4. The Change to the Certificate of Incorporation was authorized by a vote of the Board of Directors followed by a vote of the holders of a majority of all outstanding shares entitled to a vote at a meeting of shareholders held on the 3rd day of June, 1985.

Dated: July 3, 1985

IN WITNESS WHEREOF this certificate has been subscribed this 30th day of July, 1985, by the undersigned who affirm that the statements made herein are true under the penalties of perjury

PERK-UP, INC.

BY


President - Howard Epstein

BY


Secretary - Robin Epstein

VERIFICATION

STATE OF NEW YORK

COUNTY OF WESTCHESTER

ss.

Howard Epstein and Robin Epstein, being duly sworn

says:

We are the President and Secretary of Perk-up, Inc.

We have read the annexed certificate of amendment

of the certificate of incorporation and know the

contents thereof and the same are true to our

knowledge.

Howard Epstein

Robin Epstein

Sworn to before me this 31 day of July, 1985

GERALD R. GUST
Notary Public, State of New York
No. 664732872
Qualified in Westchester County
Commission Expires March 30, 1986

3262643

8262543

CERTIFICATE OF CHANGE OF

PERK-UP - 115

GERALD K. GEIST
COUNSELOR AT LAW
235 MAMARONECK AVENUE
WHITE PLAINS, NEW YORK 10605

914-428-2880

STATE OF NEW YORK
DEPARTMENT OF STATE

FILED AUG 29 1985

AMT. OF CHECK	24
FLUNG FEE	20
TAX	
COUNTY FEE	
COPY	
GEN	
REFUND	
SPEC SAMPLE	

Mr. S. W. Thatcher

INFO

6465975

DELETED

Biennial Statement

172757

01/2000

\$9.00

CORPORATION NAME

PERK-UP, INC.

1 FARM CORPORATION

☐

The corporation is a corporation engaged in the production of crops, livestock, and livestock products on land used in agricultural production (Agriculture and Markets Law Section 301). It is not required to report.

2 NAME AND BUSINESS ADDRESS OF THE CHIEF EXECUTIVE OFFICER

NAME

PAUL B. EPSTEIN

ADDRESS

4 DIVISION STREET

CITY

TARRYTOWN

STATE NY

ZIP

10591

3 ADDRESS OF THE PRINCIPAL EXECUTIVE OFFICE

NAME

PAUL B. EPSTEIN

ADDRESS

26 KANE AVENUE

CITY

LARCHMONT

STATE NY

ZIP

10538

4 SERVICE OF PROCESS ADDRESS

NAME

PAUL B. EPSTEIN

ADDRESS

4 DIVISION STREET

CITY

TARRYTOWN

STATE NY

ZIP

10591

NYS DEPARTMENT OF STATE - DIVISION OF CORPORATIONS
Biennial Statement, Part B

CORPORATION NAME

PERK-UP, INC.

(1) NAME AND BUSINESS ADDRESS OF THE CHIEF EXECUTIVE OFFICER

HOWARD EPSTEIN
4 DIVISION STREET
TARRYTOWN NY 10591

(2) ADDRESS OF THE PRINCIPAL EXECUTIVE OFFICE

HOWARD EPSTEIN
54 GREENACRES AVENUE
SCARSDALE NY 10583

(3) SERVICE OF PROCESS ADDRESS

HOWARD EPSTEIN
54 GREENACRES AVENUE
SCARSDALE NY 10583

If there are no changes to the information printed in Part B, sign Part C and return with payment payable to the Dept. of State

2131

A. 00030700

MAKE NO MARKS BELOW THIS LINE

YOU MUST SIGN ON REVERSE

DOS-1179 (07/89)

IMPORTANT NOTICE

An 00030700 2131

A New York Corporation which is no longer conducting business should file a Certificate of Dissolution pursuant to section 1003 of the Business Corporation Law, and a foreign corporation no longer conducting business in New York State should file a Surrender of Authority pursuant to section 1310 or a Termination of Existence pursuant to section 1311 of the Business Corporation Law. An inactive corporation continues to accrue tax liability and possible interest and penalties until formally dissolved, surrendered, or terminated. Questions regarding the filing of these certificates should be directed to the NYS Department of State, Division of Corporations, Albany, NY 12231-0002 or by calling 518-473-2492. You are also advised to request Publication 110, "Information and Instructions for Termination of Business Corporations" from the Department of Taxation and Finance. Requests for this publication may be made by phone by calling 1-800-462-8100. Mail requests should be addressed to: NYS Department of Taxation & Finance, Taxpayer Assistance Bureau, W.A. Harriman Campus, Albany NY 12227.

Penalty - failure to timely file this statement will be reflected in the department's records as past due or delinquent any may later subject the corporation to a fine of \$250. See Section 409 of the Business Corporation Law.

Filing Period - the filing period is the calendar month during which the original certificate of incorporation or application for authority was filed or the effective date that corporate existence began, if stated in the certificate of incorporation.

Filing Fee: The statutory filing fee is \$9.00. Checks and money orders must be made payable to the "Department of State." **DO NOT** mail cash.

Send entire form, completed, and with \$9.00 fee, in the self-mailer envelope, to the Department of State, Division of Corporations, Albany, NY 12231-0002.

Biennial Statement, Part C - Signing

PAUL B. EPSTEIN
PRINT OR TYPE NAME OF SIGNER

PRESIDENT
PRINT OR TYPE THE TITLE OR CAPACITY OF THE SIGNER

SIGNATURE

STATE OF NEW YORK
DEPARTMENT OF STATE

FILED MAR 07 2000
BY: *NSH*

MAKE NO MARKS BELOW THIS LINE

00030700 2131

08-01-2007 08:47 From-

T-887 P.006/015 F-152

OFFICERS. List the following information as to each Officer of the corporation. Use additional copies of this section as necessary.

Name: Burt Epstein Telephone: 914-580-3200
 Business address: 359 Knowlwood Rd Suite 359 White Plains NY 10603

Office held	Date took office	Date of birth
<u>President</u>	<u>2001</u>	<u>4/14/1962</u>

Name: DAVID Epstein Telephone: 914-580-3200
 (area code)

Business address:

Office held	Date took office	Date of birth
<u>V.P.</u>	<u>2001</u>	<u>7/22/1965</u>

DIRECTORS. List the following information as to each Director of the corporation. Use additional copies of this section as necessary.

Name: Howard Epstein Telephone: 914-580-3200
 (area code)

Business address:

Office held	Date took office	Date of birth
<u>Chairman</u>	<u>2001</u>	<u>10/20/1933</u>

08-01-2007 08:47 From-

T-887 P.007/015 F-152

FORMER OFFICERS AND DIRECTORS: List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. Use additional copies of this section, as necessary.

Name and last known address:

Position held	From	To (month/year)	Date of birth
_____	_____	_____	_____

SECTION THREE

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. Use additional copies of this section as necessary.

Name: Howard Epstein - 53.41%

Street Address: 399 Knollwood Road White Plains NY 10603

City, State & Zip Code:

Bus. Phone 914-580-3200

Paul Epstein - 5.53%

Name: David Epstein - 5.53%

Adam Epstein - 5.53%

Street Address: 399 Knollwood Road White Plains NY 10603

City, State & Zip Code:

Bus. Phone 914-580-3200

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

SECTION FOUR

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached? ☐ Yes ☒ No

08-01-2007 08:48 From-

T-887 P.008/015 F-152

TYPE OF ASSOCIATION:

Check One

☐ General Partnership☒ Limited Partnership☐ Joint Venture

GENERAL PARTNERS OR JOINT VENTURERS. List the following information as to each partner or joint venturer. Use additional copies of this section, as necessary. If a limited partnership, list limited partners separately under the heading "limited partners."

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

LIMITED PARTNERS. List the following information as to each limited. Use additional copies of this section as necessary.

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

Name:

Street Address:

City, State & Zip Code:

Telephone: _____

08-01-2007 08:48 From-

T-887 P.009/015 F-152

FORMER PARTNERS/JOINT VENTURERS. List the following information as to all prior partners (general and limited) and joint venturers of the applicant during the past 10 years that are not listed above. Use additional copies of this section as necessary.

Name:

Street Address:

City, State & Zip Code:

Telephone:

Dates during which individual was a partner: _____

Name:

Street Address:

City, State & Zip Code:

Telephone: _____ Telephone: _____

Dates during which individual was a partner: _____

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

SECTION FIVE

(This section to be completed only if the business concern is organized in a form other than a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

FORM OF BUSINESS ORGANIZATION: Describe how the business entity is organized and under what legal authority it was established.

Type (trust, trade association; estate; etc.)

Copy attached? ☐ Yes ☐ No

08-01-2007 08:49 From-

T-887 P.010/015 F-152

OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC. List the following information as to each person who owns, controls or is an officer or trustee of the Applicant. If any owner, officer, trustee, or controlling party listed below shall be a corporation, limited liability corporation, or partnership (general or limited liability), the Applicant shall supply the information requested in Sections Two, Three and Four as applicable. Use additional copies of this section as necessary.

Name:

Street Address:

City, State & Zip Code:

Telephone:

Name:

Street Address:

City, State & Zip Code:

Telephone:

SECTION SIX

CIVIL VIOLATIONS HISTORY

(To be completed by all applicants)

NONE

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the applicant identified in SECTION I, and to any of the following:

- a. Any predecessor firm, or any previous name under which the applicant operated.
- b. Subsidiaries: Any business in which the applicant holds 25% of equity or debt liability.
- c. Sister companies: Any business in which the applicant's parent company holds more than 10% of the equity or debt liability.
- d. Any corporation of which the Applicant is a subsidiary.
- e. Any Officer, Director, Partner, or Joint Venturer of the applicant, and any business concern owned or controlled by any such individual.

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is None or the item is not applicable, write "None" or "N/A". A question left unanswered will not be presumed "Not applicable" or "None" - THE FORM WILL BE DEEMED INCOMPLETE.

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the discharge, treatment, storage, processing, recycling or disposal of industrial waste or hazardous waste and any others relating to water and air pollution, discharge of hazardous substances and treatment of hazardous materials. It includes regulations of the Passaic Valley Sewerage Commissioners ("PVSC"), N.J. DEP, the U.S. EPA, the N.J. DOT, and the U.S. Department of Transportation.

08-01-2007 08:50 From-

T-887 P.011/015 F-152

A. **NEW JERSEY VIOLATIONS NOTICES.** List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. Attach additional sheets if necessary.

Name of entity cited: NA Date Issued: _____
Address of alleged violation: _____
Alleged violation: _____ Type of notice: _____
Disposition & explanation: _____

Name of issuing agency: _____ Docket No.: _____

B. **FEDERAL VIOLATION NOTICES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. Use additional copies of this section as necessary.

Name of entity cited: NA Date Issued: _____
Address of alleged violation: _____
Alleged violation: _____ Type of notice: _____
Disposition & explanation: _____

Name of issuing agency: _____ Docket no.: _____

08-01-2007 08:50 From-

T-887 P.012/015 F-152

C. NEW JERSEY MUNICIPALITIES AND COUNTIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, civil Complaints, Citations of any kind, and Notices of intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Use additional copies of this section as necessary.

Name of entity cited: _____ Date Issued: _____

Address of alleged violation: N/A

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket no.: _____

D. OTHER STATES AND FOREIGN COUNTRIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Use additional copies of this section as necessary.

Name of entity cited: _____ Date Issued: _____

Address of alleged violation: _____

Alleged violation: N/A Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket no.: _____

08-01-2007 08:51 From-

T-887 P.013/015 F-152

SECTION SEVEN**OTHER CIVIL COURT JUDGMENTS AND PENDING LITIGATION**

(To be completed by all applicants)

A. OTHER JUDGMENTS. List and explain all judgments of liability in excess of \$25,000 rendered against the applicant in the past 10 years, starting with the most recent. Use additional copies of this section as necessary.

Title of case: _____

Docket No.: _____

Name & location
of court: _____Date judgment
entered: _____Nature of
suit: _____Amt./terms of
judgment: _____

B. PENDING SUITS. List and explain all civil suits in which the applicant is presently involved as a party plaintiff or defendant. Include matters involving resolution before arbitration boards. Use additional copies of this section as necessary.

Title of case: _____

Docket No.: _____

Name & location
of court: _____

Date Filed: _____

Nature of
suit: _____

Status: _____

08-01-2007 08:51 From-

T-887 P.014/015 F-152

SECTION EIGHT**CRIMINAL CHARGES AND CONVICTIONS**

(To be completed by all applicants)

List all indictments, accusations, summonses, complaints, and information against the applicant for any crime, felony, misdemeanor, disorderly persons offense, petty disorderly persons offense or criminal violation.

NOTE: You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. Use additional copies of this page as necessary.

Name of entity
charged/convicted: _____

Description of
crime/offense charged: _____

Date
Charged: _____

Jurisdiction
Where Charged: _____

Indictment information,
Complaint No., indictment No. etc., _____

Disposition (if applicable,
sentence imposed): _____

08-01-2007 08:52 From-

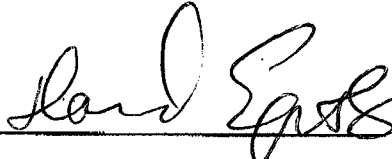
T-887 P.015/015 F-152

CERTIFICATION

(All applicants must sign and date the
following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT
APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully
false, I am subject to punishment.

Dated:


SignatureVice President
Print Title & Position



Passaic Valley
Sewerage Commissioners

~Established 1902~

600 WILSON AVENUE
NEWARK, NJ 07103
(973) 344-1800
Fax: (973) 344-2951
www.pvsc.com

BRYAN J. CHRISTIANSEN
Executive Director

JAMES KRONE
Deputy Executive Director

JOSEPH FERRIERO
Chief Counsel

ANTHONY W. ARDIS
Clerk

THOMAS J. POWELL
Chairman

WILLIAM S. CZAPLICKI, JR.
Chairman

FRANK J. CALANDRIELLO
LIAM F. FLYNN
AN C. LEVINE
THOMAS J. LUNA
GELINA M. PASERCHIA
ANNETH R. PENGITORE
Commissioners

RECEIPT

Received From KARI-OUT CO.
Customer ID# 32600022 Check # 093997
Amount of Payment \$750.⁰⁰ Date of Payment 9/7/07

A/ Violation (VIO) – Effluent _____ \$ _____

B/ Violation (VIO) – Late Report _____ \$ _____

C/ Civil Actions (LEGAL) _____ \$ _____

D/ Application Fee (AF) _____ \$ 750.⁰⁰

E/ Letter of Authorization Fee (LOA) _____ \$ _____

F/ Permit Fee (PF) _____ \$ _____

G/ CID Treatment Fee (CID) _____ \$ _____

H/ Supplemental User Charge Fee (SUC) _____ \$ _____

I/ One Time Groundwater Discharge (GWD) _____ \$ _____

J/ Other (FEES) _____ \$ _____

Payment received by:

Signature Heather Card

Amount 750.00 \$ Date 9/7/07

KARI-OUT CO.

CHECK NO. 093997

OUR REF.NO.	YOUR INVOICE NO.	INVOICE DATE	INVOICE AMT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
19018649	07-30-07	07/30/07	750.00	750.00	0.00	
				<div><div>INDUSTRIAL</div><div>811008115081200</div><div>SEP 04 2007</div><div>812508205082100</div></div>		
				TOTAL \$	0.00	750.00

THIS DOCUMENT CONTAINS A COLORED BACKGROUND, MICROPRINT BORDER, ULTRAVIOLET FIBERS, CHEMICAL REACTIVE PAPER AND A WATERMARK ON THE BACK. SEE BACK FOR MORE DETAILS.

KARI-OUT CO.

399 KNOLLWOOD RD - SUITE 309
WHITE PLAINS, NY 10603

Israel Discount Bank of New York

511 Fifth Avenue, New York, NY 10017

1-976/260

CHECK NO. 093997

DATE
08/01/07CONTROL NO.
093997AMOUNT
***\$750.00

PAY *SEVEN HUNDRED FIFTY USD *
TO THE
ORDER OF: Passaic Valley Sewerage Comm.

Passaic Valley Sewerage Comm.
600 Wilson Avenue
Newark NJ 07105


 AUTHORIZED SIGNATURE

⑈093997⑈

⑆026009768⑆ 0309606⑈

08-01-2007 08:33 From-

T-887 P.002/006 F-150


**Passaic Valley
Sewerage Commissioners**

~Established 1902~

**600 WILSON AVENUE
NEWARK, NJ 07105
(973) 344-1800**
**Fax: (973) 344-2951
www.pvsc.com
Industrial Department
Fax: (973) 344-4876**

August 1, 2007

**THOMAS J. POWELL
Chairman**
**CARL S. CZAPLICKI, JR.
Vice Chairman**
**FRANK J. CALANDRIELLO
WILLIAM F. FLYNN
ALAN C. LEVINE
ANTHONY J. LUNA
ANGELINA M. PASERCHIA
KENNETH R. PENGITORE
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**BRYAN J. CHRISTIANSEN
Executive Director**
**JAMES KRONE
Deputy Executive Director**
**JOSEPH FERRIERO
Chief Counsel**
**ANTHONY W. ARDIS
Clerk**
**CERTIFIED RECEIPT
Faxed to (914) 580-3276**
**Kari Our Company
690 Union Boulevard
Totowa, NJ 07511
Attn: David Epstein**

INDUSTRIAL		
81100	81150	81200
SEP 04 2007		
SEWER USE APPLICATION		
81250	82050	82100

Dear Mr. Epstein:

We enclose herewith a Sewer Use Application. An Application Fee is required to be paid in order for your Sewer Use Application to be processed. This fee is \$750. If a determination is made that a Permit of any type is not required, the Application Fee shall be refunded.

In the event that you are issued a Sewer Use Permit (SUP), a SUP Fee will be assessed with its issuance.

It is extremely important that the instructions contained in the application form be adhered to accurately and completely. The completed Application with the \$750 fee (make check payable to Passaic Valley Sewerage Commissioners) must be submitted to the PVSC Industrial Department within 30 days of receipt of this letter. If you have any questions, please contact Salvatore Biondo at (973) 466-3091.

Very truly yours,
PASSAIC VALLEY SEWERAGE COMMISSIONERS

Andy Caltagirone
Andy Caltagirone
Manager of Industrial & Pollution Control

AC/tl

Enclosures

c: Bryan J. Christiansen, Executive Director
George McGehrin
Salvatore Biondo
Borough of Totowa